

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R? None
Title:: Analysis of Pharmaceutical Solubility and Stability
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 45
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: CN
Status:: Full Capacity
Given Name:: HONG MING
Family Name:: CHEN
City of Residence:: ACTON
State of Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 8 SAWMILL ROAD
City of mailing address:: ACTON
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01720

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: HECTOR
Family Name:: GUZMAN
City of Residence:: JAMAICA PLAINS
State of Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 47 WYMAN STREET
City of mailing address:: JAMAICA PLAINS
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02130

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: COLIN
Family Name:: GARDNER
City of Residence:: CONCORD
State of Province of Residence:: MA
Country of Residence:: UK
Street of mailing address:: 140 CATERINA HEIGHTS
City of mailing address:: CONCORD
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01742

Correspondence Information

Correspondence Customer Number:: 34846

Representative Information

Representative Customer Number:	34846
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Domestic Priority Information

Application::	Continuity Type::	Priority Application::	Filing Date::
This Application	Regular US	60/423,365	November 4, 2002
		60/423,366	November 4, 2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: TransForm Pharmaceuticals